



CENTRAL BOARD OF RESEARCH AND TECHNOLOGY
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Franchisee Application

Personal details:

Name :

Address With Pin Code:

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Phone Number With STD Code:

Mobile :

E-mail :



Present Institute if any:

Institute Address :

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Pin:

Constitution :

Franchisee Details:

To Start Franchisee Center Under: Proprietorship: Partnership: Company:

Others:

Location of Proposed Center:

Potential of Location:..... High..... Normal..... Low.....

I hereby declare that the particulars furnished are true to the best of my knowledge and belief. In the event of any Incorrect or fraudulent information CBRT can take any steps that it deems fit and my application/affiliation/agreement are likely to be cancelled.

Sign:

To,
The Director,
CBRT IT Mission (Central Board of Research and Technology.)
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